2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002838

FILED May 14, 2009 Secretary of State

Entity Name: THE BENTLEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

510 OCEAN DR MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

510 OCEAN DR
MIAMI BEACH, FL 33139

1717 N. BAYSHORE DRIVE
ATTN RAFFI-CONDO OFFICE
MIAMI BEACH, FL 33132

FEI Number: 65-0836649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EISINGER, BROWN, LEWIS & FRANKEL P.A.

PRESIDENTIAL CIRCLE, 4000 HOLLYWOOD BLVD.

SUITE 265 SOUTH

EISINGER, BROWN, LEWIS & FRANKEL P.A.

PRESIDENTIAL CIRCLE, 4000 HOLLYWOOD BLVD.

SUITE 265 SOUTH

HOLLYWOOD, FL, FL 33021 US HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 05/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: VP (X) Change () Addition

Name: ARCHAMBAULT, DENNIS Name: ARCHAMBAULT, DENNIS
Address: 510 OCEAN DR Address: 510 OCEAN DR

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete Title: () Change () Addition

 Name:
 FALSETTO, GINO
 Name:

 Address:
 510 OCEAN DRIVE
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

 $\label{eq:title: VO () Delete Title: S (X) Change () Addition} % Title: S (X) Change () Addition % Title:$

 Name:
 TUFFIN, BRIAN
 Name:
 DAOUST, DENIS

 Address:
 510 OCEAN DRIVE
 Address:
 510 OCEAN DRIVE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINO FALSETTO P 05/14/2009